PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10010595

CLAIMS AS FILED - PART I (Column 1)			(Column 2)		SMALL ENTITY TYPE		.OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			12					FEE	}	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FI	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/2_minus 20=		*		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					*		X42=		OR	X84=	84,0
MULTIPLE DEPENDENT CLAIM PRESENT							+140=	1	OR	+280=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	TOTAL		OR		824.00
CLAIMS AS AMENDED - PAR (Column 1) (Colum						(Column 3)		L ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	TCLAIM		+140=		OR		
							TOT	AL	OR	TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT. FI	:E	1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER TOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**		=	X\$ 9=	:	OR	X\$18=	
AME	Independent	*	Minus	***		=	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	T CLAIM		+140:	=	OR		
							TOT	AL	OR	TOTAL	
		(Column 1)		(Colu	umn 2)	(Column 3)	ADDIT. F	=E		AUDII. FEC	:
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9:	=	OR	X\$18=	
ME	Independent	*	Minus	***		=-	X42=		OR	X84=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM	1	+140:		OR		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											:

NOTICE OF FEE DUE

	1 /			•	
DATE:	12/25/01				
TO:		***************************************	ng mananang gyriga		
FROM:	Office of Initial Pater	nt Examinat	ion		. *
SUBJECT:	Fee Due				
APPLICAT	TION NUMBER: 100	10595			
			•		
Office for the authorization	e for the attached documents following reason. Pon to charge a deposit a appropriate fee. If an acciency.	Please check account. If a	the applicati in authorizati	on for the ap	propriate . please
		•			: 4
□ Insuffici	ent fee by check				. 1
[] Insuffici	ent funds in deposit ac	count			
□ Declined	l credit card				
□ Non auth	norization for charge to	deposit acc	count		
☐ No fee s	ubmitted per requireme	ent 🏪		· ·	
					- 3
The correct	fee code:		amount	\$	
The suspend	led fee code: 197		amount	- \$	
Fee Due			amount	=\$	
. •					
If you have a Eleanor Kurt	ny questions, please co z at 703-308-3642.	ontact Cyntl	nia Streater at	703-306-54	30 or
2			• «		
Ferminal Ope	erator				;
		•			

